THE MEDICAL COLLEGE OF GEORGIA
The Health Sciences University of the State of Georgia

Today

Volume 20, Number 3 Spring 1992

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THE MEDICAL COLLEGE OF GEORGIA
The Health Sciences University of the State of Georgia

Today

Volume 20, Number 2 Winter 1992

Introduction

Schizophrenics hear voices that exist in no one's reality but their own. Anorexics are so afraid of gaining weight that they literally starve themselves to death. Social phobics cloister themselves from the world to avoid others' scrutiny. Alzheimer's patients die a little each day, their minds slipping away into irretrievable darkness.

The only common denominator of all these groups is that their illnesses are classified as psychiatric—diseases of the mind whose organic roots are being better understood every day.

Research at the Medical College of Georgia Department of Psychiatry is dramatically enhancing that understanding. We invite you to learn about the research and its clinical applications in this edition of *Medical College of Georgia Today*.

Drs. Manuel Casanova and Sukdeb Mukherjee are each pursuing different means of shedding light on schizophrenia, a disease characterized by delusions and paranoia. Dr. Casanova is trying to isolate a gene; Dr. Mukherjee is probing a cellular basis. Read about their research and the considerable human toll involved in the disease.

Dr. Richard Borison, chief of the department, is testing memory-enhancing drugs in the hope that they can salvage the memories of Alzheimer's patients.

Dr. Jeffrey Rausch is trying to predict how those with depression will react to antidepressant drugs and at what doses the drugs will be most effective.

The department also has established an eating-disorders clinic to treat those tormented by food. And read about brain-mapping, a dazzling technique to diagnosis psychiatric disorders.

We hope these and other articles included in this edition of the magazine will intrigue and enlighten you about the workings of the mind.

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The Medical College of Georgia is the health sciences university of the University System of Georgia. Focusing on health-care education, research and patient care, the Augusta-based institution consists of MCG Hospital, more than 80 support clinics, statewide outreach programs and the Schools of Allied Health Sciences, Dentistry, Graduate Studies, Medicine and Nursing.

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Silencing the Voices

Susan Ellis* was hearing voices again.

This time, the voices told her that people were waiting for her outside her dorm room with guns. She was told to lie in bed and stay there; her life depended on it, they said. She listened.

Four days later, she was still lying in bed, terrified to move. She'd gotten up for food only once, and then ate only half a sandwich.

The voices eventually became so cacophonous that Susan felt her heart was being smothered. She frantically clutched her chest. Convinced she was having a heart attack, she went to an emergency room.

That hospital trip marked the beginning and the end for Susan: the beginning of a new

*Not her real name.

life free of voices, the end of a uniquely cruel kind of hell. She learned in the hospital that this kind of hell had a name: Susan was schizophrenic.

She hasn't always heard voices. Susan—pretty, outgoing, artistic—entered college after high school to pursue her love of art. But shortly thereafter, her father died. The year was 1989. She was deeply depressed the next few months. Then she sank deeper still.

"What I went through was a series of delusions that went through my head," she said. "I thought someone was trying to control me through a machine. I thought the machine...or these people...were trying to get me to do something. I thought it involved drugs and that they were after money or something. I also saw and felt things that weren't there. I would see people's faces swell up....

"It struck me as very real. I believed it for a long time."

She didn't confide her experiences to anyone. "I didn't go to anybody because I thought these people would harm me or my family if I did," she said.

She had a private dorm room, so she was relatively free from scrutiny. But Susan couldn't mask her symptoms for long. Her fear and paranoia made her edgy, withdrawn and more depressed than ever. "That's the first thing my mom noticed—bouts of depression," she said. Her boyfriend noticed, too; she seemed to constantly pick fights with him. And her grades dropped dramatically.

"The quarter (before I was hospitalized), I was failing in one of my favorite art classes. My teacher knew something was wrong. She called me in her office and asked if there was anything she could do."

But Susan didn't divulge her secret. Those voices were as real to her as every other aspect of her life, and she feared for her safety. "When I finally went to the hospital, it was because I thought my heart had stopped beating. If it hadn't been for that, I wouldn't have gone for help."

She was diagnosed almost immediately. "When I was told 'schizophrenia,' I didn't even know what the word meant. I thought schizophrenia meant multiple-personality disorder." But she was happy to learn that a medical reason—and a treatable one—explained her nightmare. "I was relieved when I was diagnosed."

In the two years since her diagnosis, Susan has learned more about schizophrenia than she likely ever wanted to know. The disease, which affects about 1 percent of the population, generally strikes in young adulthood. The symptoms—delusions, paranoia, disorientation—may be triggered by a trauma or for no apparent reason. Some schizophrenics are sometimes catatonic, acquiring and holding odd postures for hours at a time. That is becoming increasingly less common, an indication that schizophrenia is an evolving disease.

These symptoms, unfortunately, provide the only basis for diagnosis. "The trouble with this disease is that there is no clear biological measure that determines whether you have it," said Dr. Sukdeb Mukherjee, professor of psychiatry at MCG with a joint appointment at the Department of Veterans Affairs Medical Center.

And certain characteristics of schizophrenia baffle researchers. The disease is much less common in rural than urban areas, for instance. And schizophrenics in Nigeria and India have much better outcomes than those elsewhere. "They don't show the progressive deterioration," Dr. Mukherjee said. He is researching such variations to determine the causes.

Researchers have found that schizophrenics have an excess of dopamine, an amine essential to normal nerve activity in the brain. Susan's schizophrenia is controlled with drugs that inhibit the body's production of dopamine. The drugs control her symptoms and allow her to lead a full life.

But as important as these drugs are, they only treat the symptoms. "Schizophrenia is a progressive disease, not just acute symptoms," Dr. Mukherjee said. "We treat the acute symptoms, but the basic disease is still progressing underneath." And the disease itself is maddeningly enigmatic.

Researchers at MCG are doggedly trying to shed light on it, and with often startling results.

Dr. Manuel Casanova, professor of psychiatry at MCG and the VA, is pinpointing exactly what distinguishes the brain of a schizophrenic. While on the faculty of Johns Hopkins University and the National Institute of Mental Health, he participated in a study of 20 sets of identical twins. One twin of each set was schizophrenic. Each schizophrenic's brain was found to have unusually large ventricles, fluid-filled cavities within the brain.

Since the schizophrenics' twins were not likewise affected, the researchers determined that the characteristic resulted not genetically, but from an injury. None of the twins sustained a brain injury after birth, so Dr. Casanova concluded the brain was injured in utero. "I believe that any lesions to the brain should have occurred during the first or second trimester," he said.

Researchers do believe, however, that schizophrenia has a genetic predisposition. This tendency may make the brain less tolerant of injury or more susceptible to it. Another study found that schizophrenics are more likely than the general population to have had complications during their births—another indication that

Dr. Manuel Casanova

brain injury is related to, although not the only reason for, schizophrenia.

MCG has established a brain bank so that tissue of schizophrenics and healthy individuals can be further studied and compared. Dr. Casanova is seeking 50 donors, who can be any age and must have died from an injury or illness that left their brains intact. The brains will be stored at super-cool temperatures at which ice crystals don't form and tissue can be safely kept for years. Dr. Casanova also is interested in the brains of those with other types of neuropsychiatric illnesses such as Parkinson's disease, epilepsy, manic depression and mental retardation. (Brain donation costs the donor nothing and does not interfere with an open-casket funeral. Those interested in donating may contact the MCG Organ and Tissue Donor Service at 404-721-3411.)

In the meantime, Dr. Casanova is fashioning other, less literal means of peering into the brain. Magnetic resonance imaging gives him a starting point, providing two-dimensional images of the brain. But the brain is multi-layered, so the images provide limited information. One method he uses to supplement the information is quantitative shape analysis.

"If you have a sphere and a general force acting on it, you get a smaller sphere but really no change in shape," he said. "If you take the same sphere and apply a focal force on it, you have a change in shape, not volume—like taking a slice out of a pie." He wondered which type of force occurred to the brain of a schizophrenic, causing the injury.

Dr. Casanova applied the mathematical principles of shape analysis to magnetic resonance images of the twins' brains. Using a computer, he plugged in mathematical equations corresponding to the portion of the brain he could see and was able to construct a picture of the unseen portion.

Dr. Sukdeb Mukherjee

He specifically studied the temporal lobe, the only area of schizophrenics' brains with abnormally low volume. "I found that the injuries are focal, as if a portion of the brain has literally been sliced out," he said.

"We're trying to rebuild the picture of what the schizophrenic brain looks like. By plugging numbers into an equation, you build a shape. Now you have more than numbers; you have a figure, and you can compare one figure with another."

He also was inspired by an article in *Field and Stream* magazine to analyze brain texture using the same principles enabling fishermen to predict the best spots to fish by studying the number of the ocean's waves and the heights of their peaks. "I found out through texture analysis that the anterior and medial parts of the temporal lobe are where the shapes are most abnormal. The tissue is not as large as normal and is more dysplastic."

Dr. Casanova's use of math and computers to obtain clues to schizophrenia is decidedly unconventional. "Curiously enough, I've gotten most of my ideas from *Popular Mechanics* or magazines of this sort," he said.

And the more he understands about a schizophrenic's brain and its injury, the closer he thinks he is to singling out a gene responsible for the disease. "We're working backward, from the lesion to the gene," he said. "We may be very close to finding the gene."

Assuming, of course, that one gene holds the key. Dr. Mukherjee isn't so sure. "All disease is the net result of the interaction between a pathogenic insult and the

body's defense mechanisms," he said. "Is it a pathogenic gene or is it a variety of things affecting the defense mechanisms of the body that causes schizophrenia?"

If the latter is the case—that the body's defense system is at fault, as he suspects—then the entire body is affected, not just the brain. He is testing the theory by studying cell cultures of schizophrenics, comparing them to cell cultures of healthy individuals. "A cell culture provides a model of a patient in a little dish," he said. "But unlike blood, this is a growing, dynamic system. To my understanding, we have the world's biggest cell bank of schizophrenic patients."

He and his colleagues have found that two-thirds of the cells of schizophrenics are grossly disorganized and misshaped. "At this point, we're trying to track down the basis of it and see what it means," he said.

He is focusing specifically on catalase, an enzyme which appears to show markedly reduced activity in schizophrenic patients. This reduced activity can deregulate cell activity and alter DNA, an individual's genetic blueprint. "This can lead to genetic faults and virtually any kind of damage," Dr. Mukherjee said. "Our general hypothesis is that the fundamental defect in schizophrenics is a generalized metabolic defect of a nature that may not affect any part of the body but the brain."

This year, he will begin studying cell cultures of children of schizophrenics to see if their cells show the same disorganized pattern. If so, the disease may be diagnosable before symptoms develop. Such findings also would lead to a much clearer understanding of the disease. "I would like to intervene before the psychosis develops," Dr. Mukherjee said. ■

—CHRISTINE HURLEY DERISO

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Fighting Depression

Making psychiatry a more exact science is the goal of Dr. Jeffrey Rausch, professor and vice chairman of the Department of Psychiatry and Health Behavior at the Medical College of Georgia.

Dr. Rausch is observing the complex molecular reactions to antidepressant drugs to better predict which drugs will be most effective in a given patient and in what doses.

"So far, we have only tested one drug and were able to predict with 70 percent accuracy how patients would react," Dr. Rausch said.

The study has centered around serotonin, a chemical in the central nervous system that acts as a messenger between brain cells. Even though the exact correlation between serotonin and the antidepressants is not known, a reaction between the two has been observed.

"In the studies we have done to date, we have used the drug Nortriptyline," Dr. Rausch said. "It is a very common antidepressant."

Nortriptyline attaches itself to the same recognition site on the brain cells as serotonin. Therefore, the drug inhibits the amount of serotonin transported by the cells which are involved in the antidepressant effect.

"Fortunately, for the purposes of our research, the platelets in the blood have a similar transport site as the brain cells," Dr. Rausch said. "This allows us to conduct our trials using the platelets, which we can obtain for study, when we cannot directly examine the brain cells."

In the laboratory, the platelets are isolated and the serotonin is added. Researchers then measure the amount of serotonin taken up by the platelets.

"When the amount producing the maximum absorbancy level is determined in the patient, we cut it in half," Dr. Rausch said. "This number is known as the affinity constant, and we believe that it may be one indication of the effectiveness a specific medication will have on a given patient."

Limiting the amount of serotonin absorbed by the brain cells is a necessary part of the action of an antidepressant, but this action alone will not produce the antidepressant effect. Other unknown variables also figure into the equation.

Even though this research is promising, it is still in its infancy. Dr. Rausch is now studying another serotonin receptor site on the cells which he hopes will offer even more insight into the effects of antidepressants on individual cells.

—DAVID WALLER

Blueprint of the Mind

It's one of the most difficult aspects of psychiatry: determining exactly what one's mental illness is.

An example of a tried, reliable method is the Structured Clinical Interviews for DSM-III-R. SCID is an organized, structured interview designed to cover a wide variety of topics in a thorough, organized manner.

There are three variations of the interview: a general psychiatric screening, one for personality disorders and a third for psychoses.

"One of the problems traditionally in psychiatry has been that there is a potential for a greater degree of subjectivity in making the correct diagnosis than you may find in many other fields of medicine," said Dr. Jeffrey Rausch, professor and vice chairman of the Department of Psychiatry and Health Behavior at the Medical College of Georgia. "A structured format such as this is more accurate, and it has been shown to greatly improve the inter-rater reliability of a diagnosis, meaning that two psychiatrists are more likely to concur on the correct diagnosis."

SCID is most useful in research studies, to assure that patients are identified and diagnosed consistently, to train residents how to conduct a thorough interview and for clinical quality control, according to Dr. Rausch. It is not commonly used in general psychiatric practice.

"A problem with a lot of psychiatric literature in the past was that you were never sure if the studies were diagnosing the patients in the same way," he said. "This reduces the variability, and means that you can more readily compare different studies."

For example, MCG is conducting a study on predicting the effect of the antidepressant drug Nortriptyline on people with depression. (See *Fighting Depression,* opposite) In order to standardize the research, patients involved in the study are diagnosed using SCID.

A SCID interview is conducted much like any other psychiatric interview: the physician asks the patient a number of questions, takes notes and determines the probable nature of the disorder based on the patient's responses. The psychiatrist first asks general background information, such as age, marital status, educational level and employment history. He goes on to ask about why they came for treatment, current symptoms, possible drug use and feelings and reactions to situations.

Questions cover a wide variety of topics, such as, "In the last month, has there been a period of time when you were feeling depressed or down most of the day nearly every day? During this time, how were you sleeping? Did you have trouble thinking or concentrating?" and "Did you ever feel that you were especially important in some way, or that you had powers to do things that other people couldn't do?" Questions are accompanied by criteria to help the psychiatrist rate how normal these responses are and the severity of the difficulty, as well as a variety of follow-up questions.

"It's especially helpful in complex cases, where several things are going on at once, to help you decide the importance and meaning of each," Dr. Rausch said. "It also tends to be really useful in making a diagnosis in a patient who tends to give a disordered history.

"This is particularly helpful in training residents how to conduct a thorough psychiatric interview. While there's not really anything completely new in the SCID interview, it's a great step forward in diagnosis by making sure that all the questions are asked in a logical sequence and in a standardized way. It helps train a psychiatrist to ask the right questions, go through the interview in a structured way and categorize the problem clearly."

—INGRID HEGGOY

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AlumNews

Homecoming Slated April 30–May 3

The Medical College of Georgia will celebrate Homecoming April 30 through May 3.

Activities will begin with registration at the MCG Alumni Center, 919 15th Street, from 9 a.m to 2 p.m. April 30. Registration will continue May 1 from 9 a.m. to 5 p.m. and May 2 from 9 a.m. to 4:30 p.m. The deadline to preregister (alumni have been mailed forms) is April 22.

Packets including name tags and homecoming information will be available at the Alumni Center during registration. The packets also will contain stubs for a drawing to be held at the end of registration May 2. Three tickets will be drawn, and the winners will each receive two round-trip airline tickets to anywhere domestically. You need not be present during the drawing to win. Activities for all five schools and for each individual school are as follows. (Look for more detailed information about individual schools' activities in each school's section of *AlumNews*.)

Activities for All Five Schools

—Homecoming Golf Tournament. May 1, 8:30 a.m., Jones Creek Golf Club, 4101 Hammonds Ferry Road. Open to alumni, residents, interns and faculty. $45 per player, which includes lunch, beverages, trophies, green fee and cart. Registration deadline: April 22.

—Tours of Ambulatory Care/Specialized Care Centers. May 1, 10 a.m. to 2 p.m., starting from the Alumni Center.

—Seminar: "Ethical Problems in Medicine." May 2, ballroom, Old Medical College, 598 Telfair Street. Registration and coffee: 8:15 a.m. Seminar: 8:45 a.m. to noon. Presenter: Father John Paris, medical ethicist from Boston College: "The Allocation of Limited Resources." Alumni, faculty, housestaff and spouses invited. Continuing medical education credits: 3 for physicians, .3 for non-physicians.

—MCG Foundation Board of Directors Meeting. May 2, 1 p.m., large conference room of Old Medical College.

—President's Reception. May 2, 3:30 to 5:30 p.m., president's house, 920 Milledge Road. Alumni, resident, interns, faculty and friends of MCG invited.

Activities for School of Allied Health Sciences

—Associated dental sciences continuing education program. May 1, 7:45 a.m., MCG Alumni Center.

—Associated dental sciences continuing education program. May 1, 2 p.m., large conference room of Old Medical College. Free to alumni, $48 for non-alumni.

—Medical technology continuing education program. May 1, 9 a.m., small conference room of Old Medical College.

—Alumni association luncheon. May 1, 11:30 a.m., ballroom of Old Medical College. $10 per person.

—Associated dental sciences continuing education program. May 2, 7:30 a.m., room 3001 of School of Dentistry building.

A portrait of the late Dr. Curtis H. Carter, a former School of Medicine dean, was presented to him shortly before his death by School of Medicine Alumni Association President Samuel Goodrich, M.D. The portrait, commissioned by the alumni association, was painted by David Mascaro, an MCG medical illustrator. It will hang in the hall of the School of Medicine dean's office.

—Physical therapy workshop. May 2, time to be announced by department, physical therapy building.

Activities for School of Dentistry

—Reunions for classes of 1977, 1982, 1987. May 1, 6:30 p.m., Princess Augusta Riverboat. $35 per person.

—Dentistry program/alumni association meeting/luncheon. May 2, 8 a.m., School of Dentistry building.

Activities for School of Graduate Studies

—Distinguished alumnus award

continued on page 20

Allied Health Sciences

Ms. Morin Wins James Brady Award

David Waller

Claudia Morin, director of occupational therapy for the Medical College of Georgia Hospital and Clinics, has been awarded the James Brady Award for Outstanding Professional Achievement.

The award is presented annually by the North American Riding for the Handicapped Association to a person who has helped promote therapeutic horseback riding at the local, state and national levels.

The award was presented by former U.S. Press Secretary James Brady at the 1991 annual convention of the North American Riding for the Handicapped Association in Anaheim, Calif.

"I feel very honored because I was nominated by my peers," Ms. Morin said. "This is an indication that the people I work with recognize that I have made a significant contribution to therapeutic riding."

The award was established three years ago in honor of Mr. Brady, who utilized therapeutic riding as part of his rehabilitation after being seriously injured in an assassination attempt against former president Ronald Reagan.

Ms. Morin was selected for the honor because of her work in starting and operating the area's first therapeutic riding program. The program was started in 1981 and is financially supported by United Cerebral Palsy of the CSRA.

MCG is involved in the program through student volunteers who assist the riders. Ms. Morin also said the institution has been helpful by allowing her the time to work with the group.

Ms. Morin is an assistant clinical professor in the School of Allied Health Sciences and a 1980 graduate of the School of Graduate Studies at MCG. She has been a member of the North American Riding for the Handicapped Association and has held several positions within the organization for the past 10 years. ■

"I feel very honored because I was nominated by my peers. This is an indication that the people I work with recognize that I have made a significant contribution to therapeutic riding."

—Claudia Morin

23 Named to Who's Who

Twenty-three Medical College of Georgia School of Allied Health Sciences students will be included in the 1992 edition of Who's Who Among Students in American Universities and Colleges.

Students are selected based on academic achievement, community service, leadership in extracurricular activities and potential for continued success. Included are students from more than 1,400 institutions of higher learning worldwide. The directory was first published in 1934.

The MCG students are Dana Eleece Attaway, Paula Marie Bentley, Susan Caudle, Reginald T. Cooks, Dorian Marston Dickey, Kimberly Anne Eley, Ginger Floyd, John Foss, Rebecca A.H. Johnston, Susan Marie King and Linda Kolmar.

Also, Samantha Jewel Lane, Paula Leatherwood, Stacy Rachelle Lee, Beth E. Lopez, Patricia Lavonne Nettles, Danny Wayne Nichols, Michael Andrew Polascik, Thomas Lynn Stec, Patricia Gail Thompson, D'Henri Ramsey Thurmond, Kimberly Ann Walker and Julia Teresa Zajac. ■

Allied Health Sciences Homecoming Activities

The following 1992 homecoming activities are scheduled for the School of Allied Health Sciences. (See page 11 for information about campuswide activities.)

Friday, May 1

—Associated dental sciences continuing education program, room 3001 of School of Dentistry building. Registration: 7:45 to 8:15 a.m. Welcome: 8:15 to 8:30 a.m. Program: 8:30 to 11:30 a.m. Continuing education credit: four hours. Contact the Division of Continuing Education (404–721–3967) to register.

—Associated dental sciences continuing education program, large conference room of Old Medical College, 2 to 4:30 p.m. Free to alumni, $48 for non-alumni. Continuing education credit: four hours. Contact the Division of Continuing Education (404–721–3967) to register.

—Medical technology continuing education program, small conference room of Old Medical College. Registration: 9 a.m. Program: 9:30 to 11:30 a.m. Topics: "Total Quality Management" and "OSHA—New Regulations for Chemical and Biological Safety." Contact the department (404–721–3046) to register.

—Alumni association luncheon, ballroom of Old Medical College, 11:30 a.m. to 1 p.m. $10 per person. Allied health alumni and faculty invited. The Distinguished Alumnus Award and various departmental awards will be presented.

Saturday, May 2

—Associated dental sciences continuing education program, room 3001 of School of Dentistry building. Registration: 7:30 to 8 a.m. Program: 8 a.m. to 12:30 p.m. $48 per person. Topic: "Contemporary Dental Hygiene Care." Continuing education credit: four hours. Contact the Division of Continuing Education (404–721–3967) to register.

—Physical therapy workshop, physical therapy building, time to be announced by department. Contact the department (404–721–2141) for more information. Contact the Division of Continuing Education (404–721–3967) to register. ■

Class Notes

School of Allied Health Sciences

Leslie Carmichael Fogle (MRA, '85), Augusta, was promoted to health information processing manager in medical records at University Hospital March 1. ■

Edges Back on Track After Year of Adventure

Ingrid Heggoy

While Dr. Carter Edge was earning a Bronze Star Medal for bravery in the Gulf War, his wife was busy back at home having a baby. 1990 was a busy year for the Edges.

Carter, a 1988 graduate of the Medical College of Georgia School of Dentistry, received the bronze star Oct. 26 from Lt. Col. John Erb, who presented the medal in the Acworth office of Carter and his wife, Lizzette, a 1989 graduate of the dental school.

"Thank you for a tremendous job," Lt. Col. Erb said during the presentation. "This is not from me, but from the 9,000 GIs you served and the couple hundred Iraqis who are alive today because of you."

Carter was a member of the 24th Support Battalion of the 24th Infantry Division from Fort Stewart. He served seven months in the gulf, performing dentistry most of that time. When the ground war broke out, he served in a forward wave that swept into Iraq, organizing and supervising ambulances rescuing wounded Iraqis.

"Three weeks after Saddam Hussein invaded Kuwait, I was in Saudi Arabia with my battalion," Carter said. "We moved out so quickly, we even beat our equipment there.

"For most of the time, I practiced dentistry in the Saudi Arabian desert. I practiced out of the back of a truck, called an expando-van, that opened up with a platform in back. I did some of everything out there, from pulling wisdom teeth, filling cavities, performing root canals, whatever needed doing, because the nearest specialist was 250 miles to the rear.

Dr. Carter Edge received a bronze star medal Oct. 26 from Lt. Col. John Erb for his bravery in the Gulf War.

"My brigade actually saw a lot of action once the ground war began," he said. "We were originally supposed to cut off supplies coming down to Kuwait from Baghdad. As it turned out, though, we ran into the retreating Republican Guard. We were trailing the front line of battle. At times, we even had to hold up to let the tanks get back in front of us. From where I was, artillery was hitting within a mile away, and we were driving along the highway by burned-out Iraqi vehicles loaded with artillery."

This was actually Carter's second military service. He was a helicopter mechanic and a member of the Golden Knights parachute team before entering dental school. After graduation, he re-entered the Army as a dental officer.

While Carter was earning a bronze star, his wife, Lizzette, also had her hands full. Their son, Carl IV, was born October 1990, a month and a half after Carter arrived in Saudi Arabia.

"I think that was the hardest thing I did," Carter said. "I wasn't too worried about me, but I worried about Lizzette, because of our separation, and because she was expecting Carl. I wanted to be there for her, and I couldn't be."

"I found out he'd been born about 30 hours after the fact, which was really very fast. As soon as I could, I got a truck into town and got in line at the telephone. I waited about four hours in line in front of this little store, and finally got through to the hospital. It was about four o'clock in the morning, Georgia time, but the nurse let me talk with her anyway."

He finally met his son March 20, five and a half months after he was born, when his battalion returned to Fort Stewart.

"It was just so crazy," Lizzette said. "They called me at work in Savannah and told me he was coming home that night. There were 800 soldiers that came in at the same time, and just thousands of family members there to meet them. I don't know how, but I found him pretty quickly."

"After she found me, and we made sure we were both really there, she asked if I was ready to meet my son," Carter said. "I closed my eyes, and she led me over to my parents, who were holding him, and she put him in my arms."

Since his return, the Edges have been busy with their new family dentistry practice. Carter was released from duty in June, and they opened the practice in August. ■

Dr. Whitford's Research Awarded

Ingrid Heggoy

Dr. Gary Whitford, Regent's professor of oral biology/physiology at the Medical College of Georgia School of Dentistry, has been awarded the 1992 European Organization for Caries Research ORCA Rolex Prize.

The award is in recognition of his research in the physiology and biology of fluoride and his role in promoting international collaboration in oral research and disseminating scientific knowledge.

Dr. Whitford's research focuses on the metabolism of fluoride in the body. He has received several National Institutes of Health grants to fund his work. Current grants include a $430,000

NIH research project about how the pH level of urine and other body fluids influences fluoride metabolism and a $400,000 research grant studying variables in the body and the environment that affect fluoride's absorption, distribution and elimination.

Dr. Whitford joined the MCG faculty in 1972 as assistant professor of oral biology. He was promoted to associate professor in 1978, professor in 1983 and Regent's professor in 1985.

He is a 1975 graduate of the MCG School of Dentistry. He earned a Ph.D. in toxicology, a master's degree in radiation biology and a bachelor of science degree from the University of Rochester in New York. ■

Alum Turns Summer Job Into Lifelong Career

Ingrid Heggoy

A summer job during dental school led Dr. Doug Clepper to what has become an area of career-long interest and expertise.

Dr. Clepper, a general dentist in Augusta and a 1973 graduate of the Medical College of Georgia School of Dentistry, worked with the oral surgery department one summer on a research project studying ceramic ridge augmentation. Through that project, he became aware of the possibilities for dental implants, which he now devotes about half of his practice to and has taught to over 1,200 fellow dentists.

"I wouldn't want to give up either part of my practice," he said. "About half of my practice is general dentistry, which I enjoy because I see a lot of variety and I get to see whole families as they grow. The other half is dental implant dentistry, which is intense, interesting and very fulfilling."

Dr. Douglas Clepper devotes about half of his general practice to dental implants and has taught over 1,200 fellow dentists the procedure.

Dental implants are a method of permanent tooth replacement in which titanium posts are placed in the patient's jaw. Replacement teeth are then either permanently attached or snapped into place on the posts. They can replace a single lost tooth, several teeth, or all teeth.

"I think part of what led me to my interest in dental implants was my frustration with conventional dentures, even back in dental school," he said. "They simply don't work well for many patients.

"There's just a night and day difference between implants and conventional dentures, especially for patients who haven't done well with dentures. Implants are really considered routine treatment now. We know what we can do with them, we know how they work, and they're as predictable as a restoration or a root canal."

Dentures and implants are not an either/or situation: both are needed to meet the needs of the greatest number of people, according to Dr. Clepper. However, implants can offer even many long-term denture wearers better function and greater comfort.

"Most of the patients I see have had dentures for over 20 years, although I do also see young patients, for example after trauma. But most implants are placed after the patients have decided that they have had enough.

"There always will be people with conventional dentures. Some people do pretty well with them, but some people just don't function well with removable teeth, and many of these people are excellent candidates for dental implants."

Dr. Clepper, who recently was awarded fellowship in the American College of Dentists and received the Academy of General Dentistry's Mastership Award, not only studied dental implants, he has taught implant techniques to other dentists from throughout the country.

"I'm down to teaching a course every month or two now, but for a while, especially during the mid-'80s, I was teaching a course or two a month," he said.

He also began a video study club on implant dentistry. He makes about eight videos a year highlighting special problems or techniques, which are sent to more than 300 subscribers throughout the United States and Canada and as far away as Japan.

"I began the video study club during the '80s when I was teaching so many courses and the information was developing so rapidly," he said. "I realized that people who had taken a course a year or two ago needed a refresher, so I began the videos. We tape a procedure here in the office that is difficult or unique so other dentists can see it." ■

Students Awarded During Clinic Day

Junior dental student Jeff Capes won first place in the Medical College of Georgia School of Dentistry Student Clinic Day table clinic presentations Jan. 29.

Mr. Capes will present his table clinic, titled "Endosteal Dental Implants: One Year Clinical Results of a Comparative Investigation," at the American Dental Association meeting in Orlando, Fla., in October.

Dental relay races were the other highlight of the day. The senior-class team of Denise Attaway, Bob Shiflett and Christy Stockstad won the amalgam relay, in which teams from each class and one representing the faculty competed to fill a cavity in a model of a mouth in under

two minutes.

The junior class team of Suran Turk, Lisa Brewer, Lisa West, Carmen Vaughn and Barbara Marshall won the operatory set-up relay. Senior Gary Holmes won the Wacky Wax-Up, a freestyle wax sculpting contest, with his sculpture featuring the dental school as a board game.

Featured speaker for the day was Dr. Charles English, part-time assistant professor of prosthodontics and an Augusta dentist, who spoke on implant dentistry. ■

Homecoming Speaker to Discuss TMJ

Ingrid Heggoy

Dr. Jeffrey Okeson, director of the Orofacial Pain Center at the University of Kentucky College of Dentistry, will be the featured speaker for the 1992 homecoming continuing education lecture May 2.

Dr. Okeson will discuss clinical management of temporomandibular disorders. The lecture will include a discussion of the many problems associated with the temporomandibular joint; the functional anatomy and biomechanics of the joint; which pain problems are most likely to respond to dental treatment; how to determine whether cases require orthodontic or restorative procedures; when surgery is appropriate; and using occlusal appliances in treatment.

The course, sponsored by the School of Dentistry Alumni Association and the Academy of General Dentistry, will be held in room AD-1020 of the dental school. Lectures will be from 8:30–11:30 a.m. and 1–4 p.m. A luncheon will be held in the Alumni Center between lectures.

Dr. Okeson, who lectures throughout the United States and internationally, joined the faculty at the University of Kentucky College of Dentistry in 1974. He is professor and director of the Division of Masticatory Function and director of the Orofacial Pain Center, which he established in 1977. His textbook, *Management of Temporomandibular Disorders and Occlusion,* is widely used in dental schools both in the United States and abroad. Dr. Okeson is a 1972 graduate of the University of Kentucky College of Dentistry. ■

Dentistry Homecoming Activities

The following 1992 homecoming activities are scheduled for the School of Dentistry. (See page 9 for information about campuswide activities.)

Friday, May 1

—Reunion for classes of 1977, 1982, 1987. 6:30 p.m. Princess Augusta Riverboat, 5th Street Dock on the Savannah River. $35 per person. Reunion chairmen: Dr. Michael Vernon, '77; Dr. Joseph Griffin, '82; Dr. R. Darryl Tom, '87; Dr. Ronald Owens, '87; Dr. Randall Arnold, '87.

Saturday, May 2

—Dentistry program/alumni association meeting/luncheon. School of Dentistry building. $75 for members of alumni association and Georgia Academy of General Dentistry before April 22, $100 afterward. $150 for non-members before April 22, $175 afterward. Registration: Lobby, School of Dentistry building, 8 to 8:30 a.m. Program: 8:30 a.m. to 4:15 p.m. Guest speaker: Dr. Jeffrey P. Okeson, professor and director of the Orofacial Pain Center at the University of Kentucky: "The Clinical Management of Temporomandibular Disorders." Alumni association business meeting: 11:30 a.m. to noon, School of Dentistry building. Lunch: 11:30 a.m. to 1 p.m, MCG Alumni Center (included in registration fee.) Distinguished Alumnus Award will be presented during luncheon. ■

Oral Surgeon Robert Rafoth was guest speaker for the School of Dentistry's Feb. 5 specialty seminar sponsored by the alumni association.

Class Notes

School of Dentistry

Dr. Craig Neubert Fievet ('77) practices general dentistry in Lilburn, Ga. He and wife Donna have daughters Julie, 10, and Laura, 5.

Dr. A. Fred Hedrick Jr. ('77) has a general practice in Conyers, Ga. He and wife Terri have children Aubrey, 12, and Chris, 7.

Dr. John D. Pike ('77) practices general dentistry in Garden City, Ga. He supervised clinic and taught radiology at Armstrong State College's Dental Hygiene program last year and hopes to continue. He has three sons.

Dr. Michael T. Rainwater ('77), wife Susan and their two children live in Riverdale, Ga. He is an honorable fellow of the Georgia Dental Association, a fellow of the Academy of General Dentistry, a delegate to the GDA House of Delegates and secretary of the Northern District Dental Society. He also is an elder for Covenant Presbyterian Church in Fayetteville, Ga.

Dr. Ken Hutchinson ('82) has a general practice in Snellville, Ga. He is a fellow of the Academy of General Dentistry and is married to Katrina.

Dr. Russell Kincer ('82) practices orthodontics in Kennesaw, Ga. He and wife Susan have children Russ, 8, and Sara, 5.

Dr. Karyn Stockwell ('82) practices in Marietta, Ga.

Dr. Scott W. Smith ('87) began a general practice in Loganville, Ga., in 1988 and married Kerrie in November 1989.

Dr. David A. Wagner ('87) has a very busy small-town practice at the foothills of the beautiful Blue Ridge Mountains in Columbus, N.C. He and wife Dianne have children David, 5, twins Dianne and John, 2, and Benjamin Scott, 6 months. ■

Graduate Studies

12 Named to Who's Who

Twelve Medical College of Georgia graduate students will be included in the 1992 edition of Who's Who Among Students in American Universities and Colleges.

Students are selected based on academic achievement, service to the community, leadership in extracurricular activities and potential for continued success.

The annual directory, published since 1934, includes students from 1,400 colleges and universities worldwide.

The MCG students are Aly M. Ayman, Dorothy Anderson, Judith J. Baker, Detrice G. Barry, Xilin Chen, Patricia B. Christensen, You-Jun Fei, Deborah A. Hawkins, Ann M. Roesler-Becker, Cindy L. Sanders, Deborah A. Simone and Su Wang. ■

Contract Pairs Researchers With Westinghouse

Christine Hurley Deriso

The Medical College of Georgia is one of six Georgia universities involved in a $3 million federal project to provide research, development and engineering services to the Savannah River Site.

The Westinghouse Savannah River Company has contracted with the Education, Research and Development Association of Georgia to help further the company's health and safety mission. The association consists of representatives of MCG, Clark Atlanta University, Emory University, Georgia Southern University, the Georgia Institute of Technology and the University of Georgia.

The association will draw on $3 million provided by the U.S. Department of Energy over the next five years to help fulfill Westinghouse's health and safety goals, according to Dr. Lowell M. Greenbaum, vice president for research at MCG.

"This contract should prove of benefit not only to Westinghouse and the universities but to our communities in Georgia and South Carolina as well. It is also of major significance to MCG's relationship with the corporate sector."

—Dr. Greenbaum

"Westinghouse is requesting the Georgia universities to support their mission in areas which bring enormous expertise in basic and applied research without compromising our academic philosophy," Dr. Greenbaum said. "This contract should prove of benefit not only to Westinghouse and the universities but to our communities in Georgia and South Carolina as well. It is also of major significance to MCG's relationship with the corporate sector."

Each university will contribute resources reflecting its area of expertise. MCG, for instance, will be involved in projects and studies related to health physics, radiation medicine and biology. Other institutions will deal with ecology, engineering, computing and robotics.

The funding also may enable the schools to obtain new resources, Dr. Greenbaum said, such as a Ph.D. program in health physics jointly sponsored by MCG and Georgia Tech. All projects are tentative, depending on the specific needs of Westinghouse. The Department of Energy will add to the $3 million if needed, Dr. Greenbaum said. ■

Graduate Studies Homecoming Activities

The following 1992 homecoming activities are scheduled for the School of Graduate Studies. (See page 9 for information about campuswide activities.)

Thursday, April 30

—Distinguished Alumnus Award presentation, lecture. Noon, room 108 of Robert B. Greenblatt, M.D. Library. Speaker: Dr. Kenneth S. Korach, senior research endocrinologist and chief of the receptor biology section at the National Institute of Environmental Health Sciences in North Carolina. Dr. Korach will be presented the Distinguished Alumnus Award. Graduate faculty, alumni, students invited.

—Graduate studies luncheon, 1:30 p.m., conference room of Eugene E. Murphey Pathology Building, $8 per person. Graduate faculty, alumni invited.

Friday, May 1

—Graduate studies fish fry, 6 p.m., Alumni Center, 919 15th Street. Graduate faculty, alumni, students invited. $8 per person, free to students, Reunion classes of the 1950s, '60s, '70s and '80s will be recognized. ■

Class Notes

School of Graduate Studies

Michael P. Schenk (medical illustration, '74) is director of medical illustration at the University of Mississippi Medical Center in Jackson.

Jim Wilson (medical illustration, '74) works for Wilson Medical Illustration in Shreveport, La.

Raymond Michael Belknap (medical illustration, '75) works in the medical graphics section of the Mayo Clinic in Rochester, Minn.

F. Leland "Lee" Rose (medical illustration, '75) is senior medical illustrator for biomedical communication at the University of Texas Medical Branch in Galveston.

Barbara Siede (medical illustration, '76) is a medical illustrator for Ochsner Foundation Hospital in New Orleans.

Robert Galla (medical illustration, '77) is senior medical illustrator for the medical art unit of Massachusetts General Hospital in Boston.

Susan Hilfer (medical illustration, '78) is director of the medical illustration department at the University of South Carolina School of Medicine in Columbia.

Thomas Waldrop (medical illustration, '78) is president of Waldrop Fine Arts Inc. in Hillsborough, N.C.

John Hagen (medical illustration, '79) is a medical illustrator for the Mayo Clinic Department of Medical Graphics in Rochester, Minn.

Robin Reichner Franklin (medical illustration, '79) is a medical illustrator for the VA Medical Center, medical media production services, in Hampton, Va.

Virginia Schoonover Carr (medical illustration, '79) is a biomedical-legal illustrator in Atlanta.

Mary Mickey Senkarik (medical illustration, '79) works for Medical Illustration and Fine Art in San Antonio.

Valerie Stout Wood (medical illustration, '79) works for Biomedical Illustrations Inc. in Seattle, Wash.

Lynn Siljegovich Wyatt (medical illustration, '80) works for L&B Laboratories in Ft. Lauderdale, Fla. ■

Medicine

Dr. David Lee Rutlen

Dr. Rutlen Named Chief of Cardiology

Toni Baker

Dr. David Lee Rutlen, associate professor of medicine at Yale University School of Medicine and a cardiologist extensively involved in patient care and research, has been named chief of the Medical College of Georgia Section of Cardiology.

Dr. Rutlen's research has been aimed at better understanding the mechanisms which regulate the blood's circulation to the heart and the body. His research goal ultimately is improved treatment for patients with conditions such as heart failure and heart attack.

The new chief is a 1973 graduate of Harvard Medical School. He completed his postgraduate training at Harvard teaching hospitals in Boston, two years in medicine at Peter Bent Brigham Hospital (now Brigham and Women's Hospital), followed by two years in cardiology at Massachusetts General Hospital. He was appointed an instructor at the Harvard Medical School in 1977.

In 1978, Dr. Rutlen was named assistant professor of medicine at Yale University and was promoted to associate professor in 1983. Dr. Rutlen took a one-year sabbatical at the Institute for Experimental Medical Research at the University of Oslo, Norway in 1987.

He is a fellow of the American Heart Association's Council on Clinical Cardiology and the AHA Council on Circulation. He is a member of the Paul Dudley White Society, the American Federation for Clinical Research and the American Physiological Society.

"I think we are truly fortunate to have an individual of this caliber and stature join us here to lead the development of one of the most important areas in the medical center," said Dr. John A. Hardin, chairman of the MCG Department of Medicine. ■

Dr. Hooks Named Moretz Society President

Dr. Vendie H. Hooks III ('74), a colon and rectal surgeon in Augusta, was installed March 7 in a one-year term as president of the William H. Moretz Surgical Society.

The Moretz Society honors its namesake, a past president of the Medical College of Georgia. Dr. Hooks succeeds Dr. Arthur Humphries, a transplant surgeon at MCG.

Dr. Hooks is a 1974 graduate of the MCG School of Medicine who also completed his surgical training at MCG. In 1980, Dr. Hooks completed a one-year fellowship in gastrointestinal surgery at the University of Leeds in Leeds, England, and in 1983 completed a one-year fellowship in colon and rectal surgery at the University of Minnesota Hospital. He was installed during the 1992 scientific session of the Moretz Society in Augusta. ■

Dr. Raleigh W. Rollins

Alum Named President of Urological Society

Dr. Raleigh W. Rollins, a urologist in Tallahassee, Fla., and an alumnus of the Medical College of Georgia School of Medicine, has been named president of the Florida Urological Society.

The society, founded in 1948, represents more than 350 urologists and is recognized by the Florida Medical Association as the official voice of the specialty in Florida.

Dr. Rollins completed residences in general surgery and urological surgery at Shands Teaching Hospital, University of Florida. He was board certified in urology in 1977 and is an assistant professor of surgery (urology) at the University of Florida College of Medicine. ■

Dr. Carter, Dean Emeritus, Dies

Toni Baker

Dr. Curtis H. Carter, dean emeritus of the Medical College of Georgia School of Medicine, died Feb. 4, at his residence. He was 76.

Dr. Carter was a 1938 graduate of the MCG School of Medicine. He completed a one-year rotating internship at Augusta's University Hospital in 1939 and a three-year residency in internal medicine at University Hospital in 1950. Dr. Carter was a commander in the U.S. Navy from 1940 to 1947.

After completing his internal medicine residency, Dr. Carter joined the faculty of the University of Texas Medical School at Houston as associate in medicine and instructor. He returned to MCG in 1951 as an assistant professor of medicine, was promoted to associate professor in 1955 and to full professor in 1957.

He spent six months in 1956 as a visiting associate professor of medicine at the University of Colorado School of Medicine.

In 1968, Dr. Carter was named associate dean for clinical sciences at MCG and in August 1972 was named acting dean of the School of Medicine. In September 1972, he was named dean of the School of Medicine and medical director of MCG Hospital and Clinics (then Eugene Talmadge Memorial Hospital).

Dr. Carter stepped down as dean in September 1975 and returned to his position as professor in the Department of Medicine. He retired from MCG

in June 1976, was named professor emeritus that same year and was named dean emeritus in July 1977.

During his career, Dr. Carter also served as a consultant for Central State Hospital in Milledgeville (then Milledgeville State Hospital) from 1952 to 1959, for the Department of Veterans Affairs Medical Center from 1956 to 1967 and for Gracewood State School and Hospital (then Georgia State Training School) from 1957 to 1960.

He was made a fellow of the American College of Chest Physicians in 1958 and a fellow of the American College of Physicians in 1964. ■

Dr. Speir Named Distinguished Faculty

Dr. William A. Speir Jr., chief of the Section of Pulmonary Diseases at the Medical College of Georgia, has been presented the Distinguished Faculty Award by the American College of Chest Physicians, Southern Chapter.

Dr. Speir was honored "in recognition of his distinguished career and service to ACCP."

He is a fellow of the American College of Chest Physicians and a member of its Southern and Georgia chapters.

During the Southern Chapter's recent meeting held jointly with the Southern Medical Association's 85th Annual Scientific Assembly, he was course director for the postgraduate course, "Positive Pressure Mechanical Ventilatory Support."

Dr. Speir has served on the college's Council on Critical Care since 1983.

He also has served on the college's steering committee, Section on Respiratory Pathophysiology; its committee on undergraduate medical education; its component committee on education; and as co-chairman of the Session on Asthma at an annual scientific gathering.

He is a 1965 graduate of MCG. Dr. Speir also completed his medicine residency and pulmonary fellowship at MCG. ■

Pathologist Named Fellow

Dr. Rhonda D. Wright, an alumna of the Medical College of Georgia School of Medicine, has been elected a fellow of the College of American Pathologists.

Dr. Wright, a pathologist at Humana Hospital East Montgomery in Montgomery, Ala., completed a five-year pathology residency at MCG and is board certified in anatomic and clinical pathology.

The College of American Pathologists, certified by the American Board of Pathology, is an international medical society of more than 12,000 pathologists worldwide and is the world's largest association composed exclusively of pathologists. ■

Dean's Interlude

Dr. Gregory L. Eastwood

Professionalism: The conduct, aims or qualities that characterize or mark a profession or a professional person. (1979 Webster's Collegiate Dictionary)

Last summer, my daughter was called to the emergency room of an academic medical center somewhat north of Augusta because her boyfriend had been injured in an intramural baseball game. He was not hurt seriously but his scalp was lacerated. My daughter, with some anxiety for her friend, entered the cubicle where he was being treated and observed a medical student sewing the laceration.

The student was chewing gum as she put in the sutures and was carrying on a conversation with the resident physician, who in turn provided a commentary on whether the sutures were placed properly or not. My daughter, who has had a physician for a father for 23 years and appreciates better than many non-physicians the nuances of the medical profession, nevertheless lost confidence in the physicians who were caring for her friend.

We are told that physicians now are not held in as high esteem by the lay public as in previous generations. Some of that can be attributed to the demystification of the medical profession. Physicians have become less authoritarian and are more likely to inform their patients about their medical condition and to offer options. Patients, for their part, in general have become more medically knowledgeable and appear rather willing to become partners in decision-making about their own health. The relationship between physician and patient has become more collegial.

But the change in esteem of physicians is derived from more than simply a rise in medical sophistication of the populace. Much of the change in how we are perceived by the public, frankly, can be attributed to how we behave. Dr. Arnold Relman, the former editor-in-chief of the New England Journal of Medicine, in the March 1992 issue of the Atlantic Monthly argues that the response of physicians to financial and technological pressures is to act like business people, not physicians. Sometimes we seem to be influenced more by motives of profit than by a concern "for the good of the sick" (Hippocrates, 4th century BC) and we forget that "the enemies of truth and philanthropy could easily deceive me and make me forgetful of my lofty aim of doing good to my patients" (Maimonides, 12th century AD).

Times have changed. Last weekend, I turned the page of the newspaper and was confronted by the smiling faces of three physicians on the staff of a local hospital, displayed prominently in an advertisement for the services of that hospital. Until recently, consensus among the medical community would have condemned such advertising as unethical; now, advertising and marketing are perceived as acceptable and necessary within the whole package of provision of health-care services.

I believe that we physicians have changed our behavior. The change has been both a consequence of lack of appreciation of the effects that our actions have on our patients, and a reaction to external regulatory pressures. Will nonchalantly chewing gum, behaving in a manner that reminds patients of business people rather than doctors, or allowing our visage to appear in advertisements affect the quality of health care we can provide for our individual patients or the patient at large, our nation? I wonder. ■

School of Medicine Homecoming Activities

The following 1992 homecoming activities are scheduled for the School of Medicine. (See page 9 for information about campuswide activities.)

Friday, May 1

—Dean's reception, 5 to 7 p.m., solarium of Old Medical College, 598 Telfair Street.

—Alumni banquet/alumni asso-

ciation meeting, 7 p.m., ballroom of Old Medical College. $35 per person. Distinguished alumni awards will be presented to two recipients: one for loyalty to MCG, the other for professional achievement. New alumni association officers will be installed.

Saturday, May 2

—Alumni association board of directors meeting, 9:30 a.m., large conference room of Old Medical College.
—Alumni association/MCG Foundation luncheon, 11:30 a.m., solarium of Old Medical College.
—Class reunions, 7 p.m. $40 per person before April 22, $45 afterward, $50 at the door.
—Class of '42, Old Medical College. *Chairmen:* Drs. David C. Williams Jr., William S. Boyd.
—Class of '47, French Room of Pinnacle Club, First Union Bank Building, 699 Broad Street. *Chairmen:* Drs. William H. Houston, Woodrow Goss.
—Class of '52, Plantation Room of Telfair Inns, 326 Greene Street. *Chairmen:* Drs. Gordon W. Jackson, Curtis F. Veal Sr. and W.H. Pool Jr.
—Class of '57, Radisson Hotel on the Savannah River at Augusta's Riverwalk. *Chairman:* Dr. Hugh F. Smisson Jr.
—Class of '62, Radisson Hotel. *Chairmen:* Drs. Willard E. Quillian III, William C. Collins and Charles K. Bradley.
—Class of '67, Radisson Hotel. *Chairmen:* Drs. Murray A. Freedman, Chappell A. Collins Jr., Carol F. Meyer.
—Class of '72, Radisson Hotel. Chairman: Dr. Miles H. Mason III.
—Class of '77, ballroom of MCG Alumni Center. Chairman: Dr. J. Price Corr.
—Class of '82, Radisson Hotel. *Chairmen:* Drs. Kelley B. Dopson, Sherry D. Maloney.
—Class of '87, Radisson Hotel. *Chairmen:* Drs. Frank L. Carter, James L. Heaton.

Sunday, May 3

—Emeritus Club memorial service, 11 a.m., solarium of Old Medical College. The service will recognize deceased members of the Emeritus Club, whose members are alumni, residents and interns who graduated 40 or more years ago from MCG. (Retired faculty who are members of the alumni association also are invited to join.)
—Emeritus Club luncheon, 11:30 a.m., ballroom of Old Medical College. $15 per person. The class of '52 and all others who are eligible will be formally inducted into Emeritus Club during a brief ceremony. Members of the class of '52 will receive framed photographs of the Newton Building. ■

Class Notes, *page 20*

The School of Medicine Alumni Association sponsored alumni dinners in Augusta Jan. 23, Rome Feb. 6 and Macon (pictured.) Drs. J. Terrell Pope (from left), Daniel Rahn and Gregory Eastwood were among the attendees.

Dr. John Kelley, a cardiologist, was guest speaker for the School of Medicine Alumni Association's Jan. 30 specialty seminar.

50th-Anniversary Celebration Begins

Christine Hurley Deriso

The Medical College of Georgia School of Nursing will kick off a yearlong series of activities during homecoming to celebrate its 50th anniversary.

The school began in 1943 as a group of nursing courses at the University of Georgia. The University System of Georgia Board of Regents authorized a nursing department the next year, and Phoebe Kandel Rohrer was named head of the department. Its first two graduates received their bachelor's degrees in nursing in 1945.

In 1954, a four-year bachelor's program in nursing began as a cooperative effort between the department and MCG's hospital (then Talmadge Memorial.) Two years later, the department transferred from UGA to MCG and became the university's nursing school. E. Louise Grant was named the first dean.

The school's alumni association was formed in 1958, and a master's degree program began in 1968. Dr. Dorothy T. White succeeded Ms. Grant as dean in 1971.

In 1974, the school opened a satellite program on the University of Georgia campus (the School of Nursing at Athens.) A year later, a second satellite school was opened in Savannah. That satellite has since closed.

Dr. Neila A. Poshek succeeded Dr. White as dean in 1977, and Dr. Mary Conway took the helm in 1980. In 1986, the Board of Regents approved a Ph.D. program in nursing, and the school's Center for Nursing Research was established the next year. Dr. Vickie K. Lambert succeeded Dr. Conway as dean in 1990.

Today, the nursing school's alumni practice countless aspects of health care nationwide and beyond. They can also be found in the research arena, and in the classroom, teaching the ever-evolving science to a new generation of health-care providers.

The 50th anniversary will serve as a yearlong celebration of the accomplishments of the school, its faculty, students and alumni. A video will highlight the school's history, including congratulatory messages from Gov. Zell Miller and Vice President Dan Quayle. For more information about the video, or to obtain a copy, call Dr. Lambert's office at 404–721–3771. Articles about the school's history and its accomplishments will be featured throughout the year in MCG publications. The message also will be spread throughout the community, via newspaper articles, public-service announcements and functions at which nursing faculty and alumni will be guest speakers. ■

Infant-Mortality Study Wins First Place

Christine Hurley Deriso

The Southern Nursing Research Society has awarded a Medical College of Georgia graduate student first place for her research into infant mortality.

Julie Zadinksy, a School of Nursing doctoral student, won first place in the society's graduate-student poster session for her study, "Preventability of Infant Mortality in a Rural Community." The society honored outstanding nursing research during its Feb. 6 annual conference in Nashville, Tenn.

Ms. Zadinksy's research involved compiling information about the 26 infants who died in Jefferson County, Georgia from 1985 to 1988.

Jefferson County, a rural county about 30 miles south of Augusta, had an infant mortality rate of 20.7 deaths per 1,000 live births per year during that time period.

MCG's School of Nursing Rural Health Outreach Program, begun in 1988, encompasses several projects aimed at improving health care in the county—Georgia's fifth most economically disadvantaged—and improving the infant mortality rate. Ms. Zadinsky researched the circumstances leading to infant deaths in an attempt to maximize the program's effectiveness. She conducted the research with Dr. Janet Boettcher, then-director of the Rural Health Outreach Program.

Dr. Lenette Burrell, professor of adult nursing at MCG's Athens campus, was honored by the school with a Jan. 10 to reception upon the publication of a nursing textbook she authored titled "Adult Nursing in Hospital and Community Settings."

Frances Knapp, '64, an enterostomal therapy nurse, was guest speaker for the nursing school's Feb. 26 specialty seminar sponsored by the alumni association.

"The point was to help the project better target its services," she said.

She interviewed the mothers and health-care providers of the deceased infants. Thirteen of the infants died from complications of prematurity, seven from congenital anomalies, five from infectious diseases and one from Sudden Infant Death Syndrome. She compiled information about the deaths and presented summaries to a panel of MCG pediatricians, neonatologists, pediatric nurses and social workers . She then asked the panelists to assess how potentially preventable each death was.

"The panelists held diverse opinions about preventability," Ms. Zadinsky said, but several generalizations materialized. Their responses indicated several preventable circumstances that contributed to the high infant mortality rate, including lack of: prenatal care, family planning, follow-up health care and parenting skills.

The Rural Health Outreach Program implemented the findings into its projects, which include home infant/maternal health visits, free health services at central community locations and support groups for impoverished mothers. ■

School of Nursing Homecoming Activities

The following 1992 homecoming activities are scheduled for the School of Nursing. (See page 9 for information about campuswide activities.)

Thursday, April 30

—Nursing program/dinner, 7 p.m., Old Medical College, 598 Telfair Street. $20 per person. *Guest speaker:* Rosa Messer, president of the Resource Center on Aging and Brandon Wilde Inc. Life Care Retirement Community. She has studied storytelling for the past two summers at the Wilden workshop in North Carolina. Ms. Messer also is the recipient of the 1990 Distinguished MCG School of Nursing Alumnus Award and the National Red Cross Anne Magnussen Award, presented annually to three nurses nationwide. Also, Dr. Vickie K. Lambert, dean of the School of Nursing, will discuss the 1993 50th anniversary celebration of the school and will present highlights of the 1991–92 school year. The 1992 Alumni Association Award will be presented and reunion classes of the 1940s, '50s, '60s, '70s and '80s will be recognized. ■

Class Notes

School of Nursing

Maj. Priscilla J Bence (BSN, '73), Wahiawa, Hawaii, is the continuing-care coordinator at Tripler Army Medical Center in Honolulu. She is the first full-time discharge planning nurse at Tripler, assigned to increase home health care. During the Persian Gulf War, she served at the Family Assistance Center, Gorlstedt, Germany, from which nearly 4,000 troops were deployed.

Claudia Dickert (Hill) Steele (BSN, '78), Durham, N.C., is director of nursing at Hillhaven Rehab/Health Care Center, Chapel Hill, N.C. She is on the adjunct faculty of the UNC School of Nursing, is the certified moderator for Women for Sobriety Support Group, is a quarterly guest lecturer at the Duke University Medical Center School of Medicine psychiatry department, celebrated two wonderful years (still counting!) of marriage to Dr. Andy Steele (Glaxo, Inc.) and has three beautiful children/cats: McClure, Stinky and Chelsea. "I miss Augusta!"

Peggy W. Cooper ('83), Augusta, recently was awarded the "Digest 50" award in Kansas City when Cooper and Co. CPAs was named of the 50 finest CPA firms nationwide for its medical and dental consulting specialty.

Garnet Foster King (BSN, '85), Atlanta, received a master's degree in child psychiatric nursing in March 1991. He began work at Grady Hospital in December '91 as a clinical nurse specialist for the child psychiatric consultation/liaison service.

Kimberly Gardner Pippin ('85), Evans, Ga., is nurse manager for home infusion therapy, Augusta Home Therapeutics. She was certified in oncology in 1991 and has three children: Natalie, Erin and Gardner. ■

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presentation/lecture. April 30, noon, room 108 of Robert B. Greenblatt, M.D. Library.
—Graduate studies luncheon. April 30, 1:30 p.m., conference room of Eugene E. Murphey Pathology Building. $8 per person. Graduate faculty, alumni invited.
—Graduate studies fish fry. May 1, 6 p.m., MCG Alumni Center. $8 per person, free to students. Graduate faculty, alumni, students invited.

Activities for School of Medicine

—Dean's reception. May 1, 5 p.m., solarium of Old Medical College.
—Alumni banquet/alumni association meeting. May 1, 7 p.m., ballroom of Old Medical College. $35 per person.
—Alumni association board of directors meeting. May 2, 9:30 a.m., large conference room of Old Medical College.
—Alumni association/MCG Foundation luncheon. May 2, 11:30 a.m., solarium of Old Medical College.
—Class reunions. May 2, 7 p.m.
—Emeritus Club memorial service. May 3, 11 a.m., solarium of Old Medical College, followed by luncheon ($15 per person).

Activities for School of Nursing

—Nursing program/dinner. April 30, 7 p.m., Old Medical College. $20 per person. ■

Class Notes

School of Medicine

Dr. James Howard Barton, Social Circle, Ga., has not retired, as was erroneously reported in the fall 1991 edition of *Medical College of Georgia Today*. We regret the error.

Dr. Frank A. Honkanen, a pathologist at Pathology Associates, PA, Huntsville, Ala., has been elected a fellow of the College of American Pathologists.

Dr. George Jefferson Austin ('42) is a pediatrician in Valdosta, Ga. He and wife Evelyn have a son, Jeff Austin III.

Dr. Clyde Mabry Collins ('42), Jacksonville, Fla., is clinical associate professor of surgery at the University of Florida Medical School; medical director emeritus at the Florida First Comprehensive Hospital; and interim medical director at Pathway, a drug-abuse rehabilitation facility. He and wife Mary have six children and three grandchildren.

Dr. William H. Houston ('47) practices ophthalmology in Jacksonville, Fla, and is a clinical professor of ophthalmology at the University of Florida Medical School. He and wife Lynette have three children.

Dr. James R. Jones Jr. ('47), a gynecologist in Orlando, Fla., is married to Allie and has four children and four grandchildren.

Dr. Marvin Myer Nathan ('47) has a family practice in Chattanooga, Tenn. He and wife Charlotte have four children and five grandchildren.

Dr. Roy T. Ward ('47) says "I am gradually retiring from medicine and am getting more and more recognition for art work.

Dr. Charles Wills ('47) has a family practice in Washington, Ga. and is married to Adrienne.

Dr. Thomas C. Nolan ('48), Troy, Ala., is retired from a pediatrics practice and is president of Troy's Child Health Center. He and wife Carolyn have two children and two grandchildren, Amanda and Buddy.

Dr. Harold Alex Carswell ('52), Roseburg, Ore., is a diplomat of the American Board of CRS and a fellow of the American Society of CRS. He and wife Cena have three children and four grandchildren.

Dr. Wesley W. Harris ('52) has a family practice in Royston, Ga., and his son David joined the practice in July 1990. He and wife Juanita have five children and 16 grandchildren.

Dr. John S. Josey ('52), St. Simons Island, Ga., is an ophthalmologist in Brunswick, Ga. He and wife Lola have sons John Jr. and Alan.

Dr. Werner A. Linz ('52) practices urology in LaGrange, Ga. He and wife Catherine have four children and three grandchildren.

Dr. J. Roy Rowland Jr. ('52), Dublin, Ga., is a member of the U.S. House of Representatives. He and wife Luella have three children and four grandchildren.

Dr. Raymond O. Waters ('52) is retired from otolaryngology in Rome, Ga. He and wife Mary have four children and four grandchildren.

Dr. Thomas L. Crews ('57) is director of the coronary-care unit at Newton General Hospital in Covington, Ga. He also is clinical assistant professor of medicine (cardiology) at the Emory University School of Medicine. He and wife JoAnn have two children and granddaughter Ashley, 4.

Dr. Ralph W. Fowler ('57), Clayton, Ga., retired from pediatrics in August 1988. He is now concerned with gardening, backpacking, fishing, reading, splitting firewood, etc. He also is a volunteer fireman. He and wife Barbara have two sons and three grandchildren.

Dr. Gene McKenzie Kelley ('57) practices anesthesiology in Macon, Ga. He and wife Janet have three children and two grandchildren.

Dr. LeRoy C. Mims ('57) is medical director of neonatal services at the Rush Foundation Hospital in Meridian, Miss. He is married to Nancy.

Dr. A.J. Morris ('57), Vidalia, has retired and is having fun with four children: A.J. III, Carla, Shea and Melissa. He is learning veterinary medicine and horticulture.

Dr. Robert L Rogers Jr. ('57) is an OB/GYN in Lenoir, N.C. He and wife Joan have four children and two grandchildren.

Dr. O. Jack Woodard Jr. ('57) is a psychiatrist in Albany, Ga., and recently attended training in Maharishi Ayur-Veda. He and wife Genevieve have two children.

Dr. Joseph H. Barnes ('62) practices obstetrics/gynecology in Atlanta. He and wife Mary have two daughters.

Dr. James Haskell Brown ('62) practices internal medicine in Greenville, S.C., and was awarded the Algernon Sydney Sullivan Award for Humanitarian Endeavors by the faculty of Furman University at graduation June 1, 1991. He and wife Sandra have three children and a granddaughter, Meghan, 9 months.

Dr. William J. Cone ('62), Johnson City, Tenn., is an obstetrician/gynecologist. He and wife Harriet have children Leslie and Cynthia.

Dr. Guy Dillard ('62) practices internal medicine in Stuart, Fla. He is married to Dolores and has six children and two grandchildren.

Dr. Douglas Groover ('62), Charlotte, N.C., retired from pathology in July 1990 and has become "a boat bum." He has two children.

Dr. Walter William McBride ('62) practices internal medicine and rheumatology in Marietta, Ga. He and wife Beverly have two children.

Dr. Benjamin Walter Romine ('62), Quitman, Ga., is married to Peggy and has three children and a granddaughter, Maggie, 3.

Dr. William R. Wills Jr. ('62) has had a private solo practice in family medicine since 1966 and has been married 34 years. He and his wife have five children and six grandchildren.

Dr. Robert L. Youngblood ('62) is chairman of plastic surgery at St. Marks Hospital in Salt Lake City, Utah and has done work for the homeless. He and wife Debbie have 10 children and 13 grandchildren.

Dr. Francis W. Coleman ('67) has a private practice in internal medicine/cardiology in Valdosta, Ga. He and wife Laverne have two sons.

Dr. Chappell Adams Collins Jr. ('67) has a family practice in Albany, Ga. He is board certified by the American Board of Family Physicians and has been recertified twice. He is former vice chief and chief of staff at HCA Palmyra Medical Center, a former member of the board of trustees and former president of the Dougherty County Medical Society. He and wife Joyce have three children.

Dr. Charles Franklin Hobby ('67) is a radiologist in Valdosta, Ga. He and wife Nancy teach college Sunday class at Cornerstone United Methodist Church where they also chair the Evangelism Committee. They have six children and two grandchildren. Son Tommy is applying for entry into the MCG School of Medicine for 1992. Dr. Hobby has served as chief of staff, chairman of the executive committee and chairman of the Department of Medicine at South Georgia Medical Center. He is a former treasurer of the Georgia Radiology Society.

Dr. John C. House ('67) has a family practice in Winder, Ga. He's spent 18 of his 20 years in practice with Hugh Hodges, class of '69, and is still at it. His oldest child just finished college. He now has three in college and one in high school. ■

AlumNews

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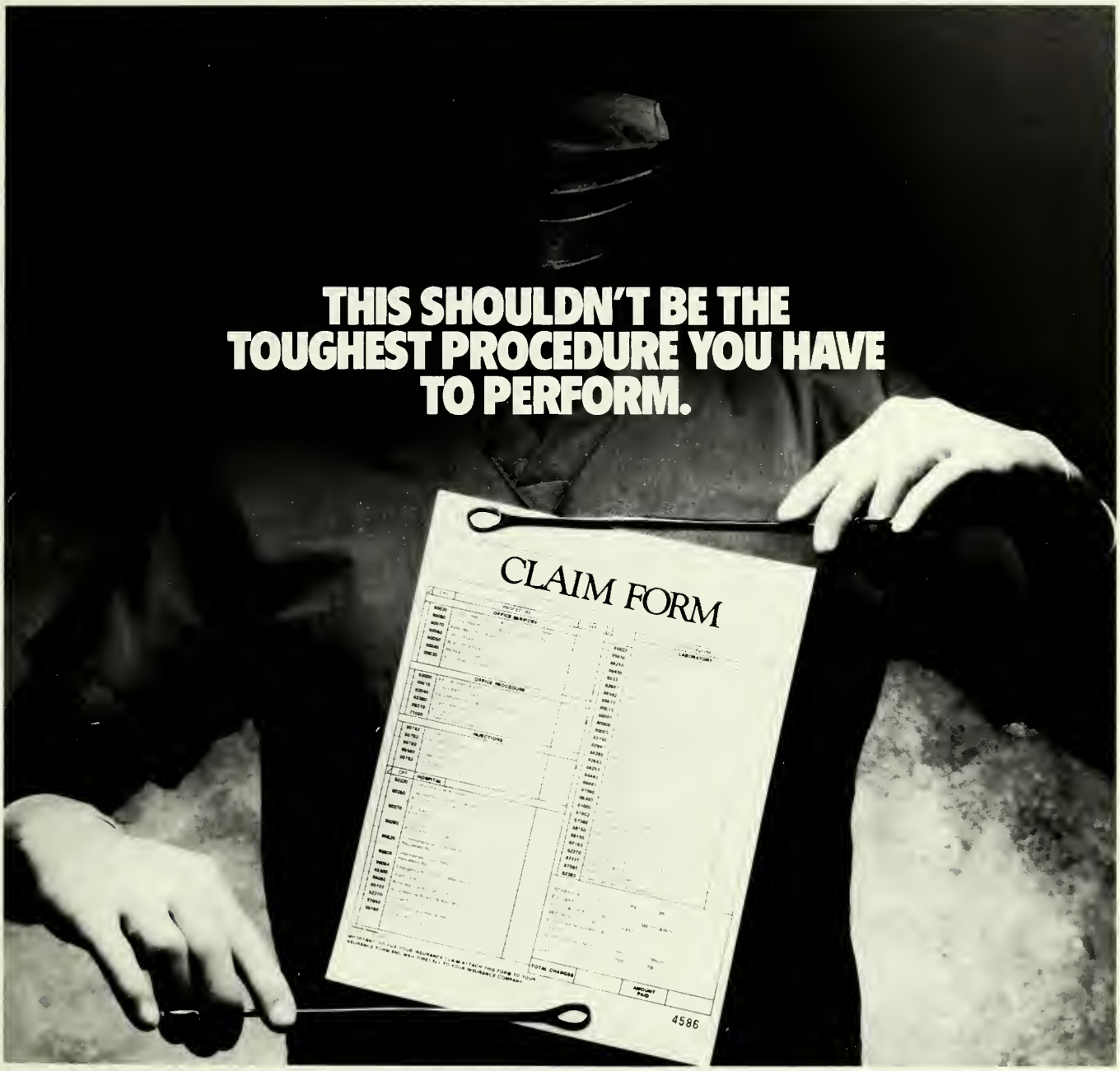

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An Anorexic's Story

She worries about everything but herself.

She worries that her 16-month-old son is attended to and loved. That her house is perfect—dishes washed, pillows fluffed, everything always in order. That her job in sales gets the time and effort it deserves. That her thighs are too large for her nice waistline. That the 35 pounds she gained while having her child made that situation worse.

After all, her husband teased her about it, the same man she loved desperately when they married three years ago.

He works a lot too, then he goes to play football or basketball with his friends; he says he needs it to relieve stress.

"He doesn't have time. He doesn't have the affection. He will hug on me and stuff like that. But he doesn't send cards anymore, the flowers. I just need to know that he cares about me. I don't give half as much as I did to this marriage when we first started.

"I was always catering to him and fixed what he liked to eat. When he was sick, I put towels on his head and made sure he had his medicine. Now, I'm like, 'Hey, you are a big boy. Do it yourself.' But I don't like to be that way. I like to feel he needs me."

One day, in this busy routine, she stopped eating.

After all, she was busy. Her child had a lot of ear infections and she had little sleep. And if the baby wasn't keeping her up, housekeeping was. She'd clean, not sleep; cook for her husband, then not eat.

"I saw the pounds dropping off. I saw my behind getting smaller and smaller. I liked it...a lot. I got into clothes I could never get into before. I couldn't stand to see food. I cooked things that I used to like, healthy things. But then I would leave the room and do something else. He noticed it, but he's not the type to say, 'OK, you've got a problem.'

"Two days would go by and I wouldn't eat anything. If I did eat, it would be cookies and milk, something just enough to get down, but not enough to feel full. I was using energy I didn't have, but somehow finding it."

She weighed every morning and night. She is 5 feet 8 inches tall, was weighing 110 pounds and looking toward 100.

She had on a straight cotton dress the day of her son's first birthday party. Her friends cried when they saw her, terrified at what was happening to her.

"I saw thinness. I saw bathing-suit potential. I saw getting into more clothes, being more attractive to men." □

Dr. Christian Lemmon (opposite)

A Matter of Control

Causes of eating disorders vary, but the two most common are the basic desire to lose weight—no easy task—and the desire to take control of something in a world that may seem out of control, said Dr. Christian Lemmon, clinical psychologist specializing in eating disorders and director of the new program.

"Right now, dieting is normative in nature. More people diet than don't diet. More women definitely diet than don't diet," Dr. Lemmon said.

Studies show more than 50 percent of women are dieting. Dr. Lemmon recently studied 125 adolescent females in four states and found that 87 percent wanted to weigh less.

"Society has a lot to do with it," he said of the dangerous preoccupation with weight. "Let's think about what society says is the perfect female: She's underweight, very well-toned, she's attractive and hard-working. Not many people can do that without resorting to drastic measures."

Experience and study show that losing more than that first 5 to 8 pounds—those first pounds are largely fluid—is hard.

"If we know one thing, we know that there is no one treatment program that works 100 percent of the time to help people lose weight," he said.

Among females—percentages are somewhat less for men—about 1 percent are anorexic, nearly starving themselves by eating little, sometimes fasting, refusing to maintain a body weight over a minimal normal weight for their age and height.

Another 8 percent are bulimics on an emotional and physical seesaw of binging and purging, using techniques such as self-induced vomiting, laxatives and excessive exercise to keep their weight down.

Less severe forms of these disorders are much more common.

Women with eating disorders tend to be young, 8 to 30 years of age; middle- to upper-income; educated; and perfectionistic.

"Our goal is to medically stabilize them, to nutritionally rehabilitate them, to teach them appropriate coping strategies to deal with life's problems and also to deal with any sort of underlying issues that may be present and contributing to their eating disorder," Dr. Lemmon said, "because I have never met an eating disorder patient that only had an eating disorder."

"Food is very nurturing," said Dr. Lynn Tyson, a psychiatrist who works with the new eating-disorders program. "Often, if other things are going poorly in your life, relationships or work, then (eating becomes) more of a focus. It's something you can control and it's something that feels good.

"There is a lot that occurs chemically that makes eating rewarding. Foods high in fat increase serotonin, a chemical with antidepressant properties in the brain. Chocolate containing caffeine is stimulating. Many times eating is associated with the release of endorphins, endogenous opiates within the body," Dr. Tyson said.

And as food—or the lack of food—becomes more of a friendly focus, these patients move even farther away from dealing with other real

A Bulimic's Story

The bell bottoms, hip huggers and trendy thinness of college life in the '60s pushed her into a way of life that she didn't know had a name.

"What I did (in college) virtually was kind of starve. I was walking into a new situation with people I did not know and I wanted to fit in."

At school she'd make excuses for not eating and at home she'd tell them school food was awful. Besides, everyone at home was thin, so she fit in better there, too.

She starved off 30 pounds.

She was struggling with her weight, but still thin when she married at 23. Four years later, she had her first child and gained 40 pounds. Four more years later, she had her second child and gained even more.

Her weight was out of control.

She tried a liquid diet, lost 62 pounds and got to and below the magic size 8. She kept the weight off about one year this time.

While reading, she found another approach: that if she stuck her finger down her throat and vomited after eating, she could lose weight.

"You go through a cycle, I guess, when you do a lot of purging. You go through a lot of depression. You feel totally out of control. I suspect some of the very same things happen to alcoholics and drug addicts.

"At first I was going to heal myself. What I discovered was it was bigger than I could handle," said the professional in her late 40s.

She works 55 or 60 hours a week, paying her

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issues. Many suffer from anxiety, depression, low self-esteem, feelings of detachment and a history of substance or sexual abuse.

An adolescent anorexic may be afraid to grow up, so she quits eating and her body doesn't mature; she loses her breast tissue and her period stops. Anorexics particularly tend to be perfectionists with high standards and overprotective families. Control often is an issue with these patients.

"Often it's really a smoke screen for a lot of underlying issues they have," Dr. Tyson said. "Feelings about their self-esteem, interpersonal relationships. Sometimes it's less threatening to focus on the weight. This is something that they exclusively can control, that mama or daddy doesn't have control over.

"Many times these people start out on a normal diet to lose weight, just like a lot of people do. Then it feels good. They get positive reinforcement from family and friends that they might not get otherwise. They start feeling competent at something. But ironically, they are out of control in the method they use to control weight."

Their eating disorders have real enough medical results. Bulimics can have tremendous heartburn as their misplaced stomach acid burns the esophagus. Stomach acid can even ruin tooth enamel. They suffer from fatigue, impaired concentration, dizziness, headaches, constipation, diarrhea and swelling.

Anorexics can experience dry, yellow skin, hypotension and hyperactivity. Poor nutrition also can cause depression and impair concentration and memory.

These out-of-control efforts at weight control can have more serious and potentially deadly complications, including electrolyte disturbances, cardiac arrhythmias, cardiac arrest, kidney failure and an increased susceptibility to infection.

Hospitalization is for the more severe cases of anorexia and bulimia, when weight and body fat are far below acceptable, safe levels, when patients have medical complications such as an electrolyte imbalance and when it appears that this round-the-clock treatment is necessary to get eating habits safely under control.

Inpatients at MCG's Eating Disorders Program are monitored during meals. Dietitians help determine a healthy caloric intake and a reasonable exercise program is worked out.

Families are involved early in both inpatient and outpatient treatment, because these patients often need help in dealing with others and getting their needs met.

Patients also learn basic principles of good nutrition and how to regulate their weight using a healthy balance of good nutrition and regular exercise, Dr. Lemmon said.

"I've seen people vomit 20, 30 times a day. I've had patients do 50 laxatives a day," he said of the various and potentially dangerous purging habits of bulimics. "We teach them how to eat appropriately. We teach them how to eat on a regular basis so they are not terribly famished by the time they start to eat and we try to help them solve problems more effectively so they don't resort to eating.

"With some of our bulimics, we make them binge in our presence, then...we don't allow them to purge. We deal with the full, bloated feelings. We deal with the fear of weight gain. We deal with the fact that they took in things that they don't think they should eat," Dr. Lemmon said. "That's called exposure with response prevention."

Another technique, called temptation exposure with response prevention, involves putting patients in a situation in which they could and would normally binge. Dr. Lemmon tries to help them use what they have learned to avoid binging.

Anorexics and normal-weight or underweight bulimics are videotaped in their bathing suits. They hear what other patients have to say about how they look. These sessions help patients become more satisfied with their looks or, if they are terribly emaciated, help them see what they are doing to themselves.

Intensive group and individual therapy also helps modify intense and often inappropriate body dissatisfaction. Patients go on group outings to learn to shop for clothes and food, to eat and to exercise in public comfortably. Relaxation training, assertiveness training and problem-solving training all are part of this multifaceted treatment approach.

"As we find out in the lives of our bulimic and anorexic patients, there is this tremendous concentration on weight, but really the underlying problem is how they view themselves," Dr. Tyson said. "Self-esteem, expectations of ourselves, of women in our society: I think really looking at some of the more basic issues that lie beneath the weight is going to be very important." ■

—TONI BAKER

...continued from page 23

dues now for her future, a future minus her husband. She divorced seven years ago. The children are now in their early 20s.

"A lot of things happened to me in my early life that I have to deal with before I can ever really actually say that I'm cured. There is always the potential it can get out of control. I don't like the idea that I'd binge and purge and I'm not comfortable with my weight. It's like saying I don't like to do this, yet I turn around and do this to myself. I know it probably sounds gross to people, but after a while, it's not to you."

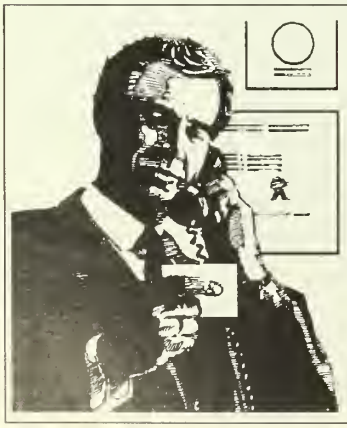
She does love food, but as is true of most people with eating disorders, she knows that food is not really the issue.

"When you are out of control with other things, that is what you can control."

At the Medical College of Georgia Eating Disorders Program, she is learning to get control of those other things.

"We don't really deal with what I eat, because there are a lot of other issues that we have to deal with. We have to deal with interpersonal relationships...stress with family, jobs, with men.

"You tend to think that everyone else has a wonderful life. I now understand that's not true. If you believe that and focus on that, then that has a bearing on how you feel about things. Like I should be able to solve all these problems. After a while, you come to understand you can't." □



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Map of the Brain

Psychiatrists are supplementing tried and true diagnostic techniques such as SCID (see *Blueprint of the Mind,* page 7) with high-tech variations such as brain mapping.

"Sometimes the symptoms of one illness can mimic those of another," said Dr. Terry Brown, assistant professor of psychiatry at the Medical College of Georgia. "Brain mapping is a new way psychiatrists can discriminate between various diagnoses that may in many respects look very similar, such as depression and early dementia."

Brain mapping is a digital electroencephalography, a measurement of the electrical activity of various areas of the brain obtained by placing electrodes on the scalp. While the more traditional analog EEG has been used for many years, the new digital technology allows better and more precise data interpretation and better statistical testing on the information, according to Dr. Brown.

"These electrophysiological deviations from a normal brain are very real but often subtle," Dr. Brown said. "They are easily identified with digital data and computer analysis, but often impossible to detect with a traditional EEG, which looks like a series of squiggly lines.

"We have a data base of normal controls, and the computer also can compare the brain map to a data base of people with several psychiatric diagnoses," Dr. Brown said. "This can supplement psychiatric examinations, the traditional psychiatric interview, to give the physician more insight on the case."

The brain-mapping computer has a data base of more than 4,400 healthy patients' brain maps, ranging in age from 6 to 90. It also has large data bases of patients with various mental illnesses such as schizophrenia, dementia, unipolar depression and substance addiction. The computer compares the patient's brain map with those in its data base to determine the likely diagnosis.

The computer also can help determine whether dementia is caused by Alzheimer's disease or multiple infarcts—blood vessels in the brain closing off—and may prove valuable as an early diagnostic tool for Alzheimer's.

It also can determine if a person's difficulty is caused by a closed-head injury affecting mental functioning. A data base allowing the computer to suggest obsessive/compulsive disorder should be available soon, according to Dr. Brown, and other data bases should follow.

"One of the problems in getting these discriminant diagnoses is that you have to have a patient data base with a single disorder, which often is difficult to do," he said. "Many patients have overlapping disorders, for example bipolar disorder and alcoholism. Bipolar people often drink during manic episodes, for example.

"As the data base grows, more of these types of problems can be addressed, and the computer can learn to accurately suggest more disorders, although it certainly can't take the place of a psychiatrist. You also have to make sure you have a phenomenological diagnosis, one that matches the symptoms of the patient."

The American Psychiatric Association has reviewed the technique and decided it has value in research settings, although it has not yet recommended brain mapping for standard psychiatric practice outside a research setting, Dr. Brown said.

Advances such as this further the mounting evidence that most psychiatric disorders have a physical basis, an area of intense research for many years. Such advances may be closing the gap between what has traditionally been considered neurology and psychiatry.

"There has always been a lot of evidence to suggest that most of the major psychiatric disorders have a biological basis, but before the advent of technologies like brain mapping, these physical differences couldn't be measured and proven," he said.

"We're really discovering that study of the workings of the mind is a study of the functioning of the brain."

—INGRID HEGGOY

Facing the World

Doctors at the Medical College of Georgia are evaluating a class of drugs for treating social phobia, a disorder that takes normal anxiety to an abnormal extreme, making victims unable to face people in social or business settings.

These drugs block the activity of serotonin, a chemical messenger in the brain.

Too much of this chemical produces anxiety and too little results in depression, doctors say.

As part of this evaluation, MCG is participating in a Food and Drug Administration pilot study of ondansetron to determine its effectiveness in normalizing serotonin activity in patients with social phobias.

"(Much of) psychiatric illness takes usual behavior and brings it to an unusual degree," said Dr. Richard L. Borison, chairman of the MCG Department of Psychiatry and Health Behavior. Dr. Borison and Dr. Bruce Diamond, psychiatry professor, are co-investigators on the study.

"Everyone gets anxious at times. Everyone gets depressed at times. But there is a difference between feeling uncomfortable and having a phobic fear where it is an absolutely irrational fear and dread of that situation," Dr. Borison said. "Can you imagine what it would be like to be crippled by the thought of being with other people? These people are scared to death to go out.

"When it goes to the extreme of a social phobia, they will avoid being in any situation where they have to be in front of a group. They are so nervous that they are going to have to discuss something in front of other people that they actually avoid any situation or any job in which they would have to be with other people," Dr. Borison said.

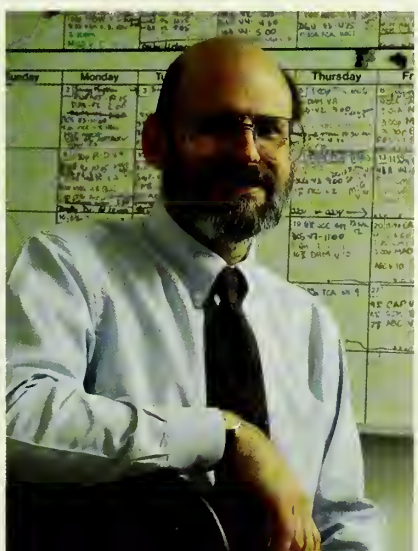
These people often become anxious about eating in front of others and using public restrooms. They may have only one or even no close friends, other than family members. They are easily hurt by criticism or disapproval.

It's a disorder that typically starts in childhood; children with social phobia are so shy that they are afraid to go to school, Dr. Diamond said.

"It's not the parents doing something to the children. The most current evidence is that it may be some biological, genetic condition," Dr. Diamond said.

It seems that too much of the chemical messenger serotonin is produced in the lower part of the middle brain of these people. The middle brain then sends its product to all parts of the brain. Social phobias occur when receptors in parts of the brain responsible for mood, emotion and behavior get too much serotonin.

Dr. Bruce Diamond



The antidepressant Prozac is an example of a drug that works to correct the other end of the spectrum—too little serotonin resulting in depression.

Social phobia has only been recognized as an official anxiety disorder by the American Psychiatric Association since 1981. Prior to that, it was not distinguished from other anxiety disorders, Dr. Borison said.

"The old system was that you were either psychotic or you were neurotic," Dr. Borison said. "Neurotic encompassed all the personality disorders and all anxiety disorders. Psychotic includes schizophrenia and generally severe mood disorders."

Today psychiatry recognizes these problems as interactions of the mind and brain, with multiple, discrete diagnoses. "It's resulted in a tremendous understanding of how the brain works and how that affects behavior. That insight is what has led to the development of new and exciting treatments," Dr. Borison said.

The MCG study of these serotonin-blocking agents is part of that effort to find new treatments for these psychiatric problems that have a definite biochemical basis.

"These people often lead very restricted, lonely lives. They always feel extremely nervous about other people that may be scrutinizing whatever they are doing," Dr. Borison said. "Because of that, it is very difficult for them to go in and seek help.

"Many do not even realize that they have a potentially treatable problem. They have been told most of their life that they are too shy. 'What's wrong with you? How come you don't go out and be with people more?'

"But it's really a disorder that does have a potential treatment. For anyone who does have this disorder, if it's successfully treated, the quality of that individual's life can be changed immeasurably. That is the most important point," Dr. Borison said.

Anyone 18 years or older and interested in clinical trials of these medications may call Dr. Diamond's office at (404) 823-2266.

—TONI BAKER

Reclaiming the Past

The Medical College of Georgia is studying two drugs that work toward the common goal of improving memory in patients with Alzheimer's disease.

MCG is one of 35 centers in the country studying tacrine, the drug closest to Food and Drug Administration approval to treat Alzheimer's, and is one of 10 centers looking at a new drug, E2020.

These drugs work in similar ways by blocking the breakdown of acetylcholine, one of the body's most common neurotransmitters. Neurotransmitters help nerves communicate with each other.

The brain and body constantly produce acetylcholine. But Alzheimer's patients experience a dramatic drop in the brain's level of this vital neurotransmitter. This drop appears directly related to the memory problems associated with Alzheimer's.

"If you give medicines that block acetylcholine actions to a healthy person, you can interfere with the memory of the healthy person," said Dr. Richard L. Borison, chairman of the MCG Department of Psychiatry and Health Behavior and principal investigator of the two studies.

The reason Alzheimer's patients experience a reduction in acetylcholine is unclear. Theories include a genetic problem or the brain's production of abnormal amounts of a protein that chokes and kills acetylcholine-producing nerve cells.

Whatever the reason, the result is a slow, insidious destruction of the brain over a five- to 10-year period. Patients eventually become debilitated and bedridden and typically end up dying of some type of infectious disease they cannot fend off. Most people die within 10 years of diagnosis.

Patients enrolled in the tacrine and E2020 studies have mild to moderate Alzheimer's disease: they have periods of lucidity, with some memory problems and confusion, but not severe enough to require institutionalization.

MCG is participating in the FDA's final review of tacrine to determine if the benefits outweigh the side effects.

Earlier studies have shown the major side effect to be liver toxicity in about one-third of patients. Liver problems can be detected with a weekly blood test and the problem is reversible if the medicine is stopped, Dr. Borison said.

Because of the concern over liver toxicity, earlier FDA studies of tacrine used exceedingly low doses and efforts to determine the effectiveness of the drug were inconclusive.

"Everybody recognized that probably the doses were right on the threshold of what may be effective vs. what may be an ineffective dose," Dr. Borison said. "Now we are going back and taking a second look, this time allowing higher doses. As it turns out, probably the rate of liver problems is not going to be any higher at the higher doses than they discovered at the lower doses."

Dr. Borison said his experience with tacrine resulted in an improvement in about 40 percent of Alzheimer's patients in past studies. "Families would tell us that it is the best that their relative has been in years, that the relative was more functional, able to care for himself better. It made a big difference, not only in the affected person, but also the family members. Alzheimer's takes a terrible toll on the family members," he said.

Every patient enrolled in the tacrine study receives the drug and may remain on the drug as long as it proves beneficial, Dr. Borison said. A capsule is taken four times daily. Blood is drawn weekly to detect early signs of liver problems.

E2020 also works to increase acetylcholine levels by reducing the body's breakdown of this essential brain chemical. Patients take one tablet daily. Clinical experience with E2020 is relatively limited, but at this point, no major side effects have been found.

"Alzheimer's is progressive," Dr. Borison said. "The first thing that is affected is short-term memory. But the memory problems are more global. Because there are age-related changes in memory, everyone can forget where they put their keys. Alzheimer's patients not only forget where they put their keys, but if they find them, aren't sure what they are supposed to do with them."

Although risk factors for Alzheimer's disease are unclear, the risk clearly increases with age. At the beginning of the 20th century, the average life span in America was age 50; the average life span for a woman is now about age 80 and for a man is about age 75.

"We have in one century increased by 50 percent the average life span, but what we have also done is we have increased our risk for developing some of these illnesses that come with old age.

"If we can come up with things that will either prevent or treat Alzheimer's disease, we not only help increase the quality of life ... but hopefully we will be able to increase productivity," Dr. Borison said.

"We are trying to make sure that every potential treatment for Alzheimer's disease that is out there will be available here and we'll be able to provide treatment to the residents of the state of Georgia that they otherwise would not have available to them." ■

—TONI BAKER

Plan Your Giving

I have written a number of times concerning the appeal of the life income funds offered by the Medical College of Georgia when compared to the yields of certificates of deposit, treasury bills and money market funds. At this time, the returns on these investments are at 20-year lows. One-year yields are in the 4.25 percent range, while five-year rates are 6.25 percent.

Since a life income plan is a combination of a gift to MCG and an income-producing investment, we are able to utilize the tax laws to offer greater returns than from traditional vehicles.

The three plans offered by MCG are managed by its affiliated organization, the Medical College of Georgia Foundation Inc. The first plan is called a charitable gift annuity. Depending on the age of the donor, the CGA offers rates from 6 percent to 14 percent. The plan involves a transfer of funds to the foundation in return receiving a lifetime income. Upon the death of the donor, the foundation receives the remaining fund for its educational purposes.

Tax savings are also a significant feature of the charitable gift annuity. There is a tax deduction based on the amount of the gift, the age of the donor and whether the income is based on one person's life or two. Additionally, part of the annual income may be tax-free.

A charitable remainder trust provides the legal framework for the other two plans offered in the MCG Foundation. Both work similarly with these outstanding features:

- An immediate charitable tax deduction based on the amount of gift, age of donor, amount of income selected and number of lives for which the income is paid.
- An income payout for the lifetime of the donor and the option of naming a secondary beneficiary to continue the income after the death of the donor.
- Removal of the assets placed into the trust from the taxable estate of the donor.
- The opportunity to contribute to the future of MCG by endowing its financial strength.

I ask you to give careful consideration to the benefits of the life income plans offered through the foundation. For additional information, we have a new brochure, *Prospectus on Giving*, that thoroughly discusses the various life income plans. These brochures are free by writing my office:

Bruce Howerton
Director of Planned Giving
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You also may call, toll-free: *1-800-869-1113.*

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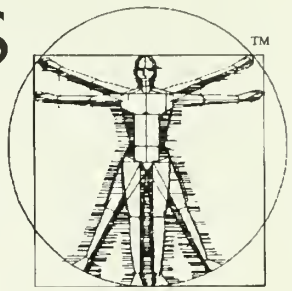

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